

BIRTH NO.		REG. DIST. NO. 217		PRIMARY REG. DIST. NO. 6076		Registrar's No. 2651	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS, MO.		c. LENGTH OF STAY (in this place) 64 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION: VETS ADMIN HOSPITAL				d. STREET ADDRESS (If rural, give location) 21 219 19th St., (DELANO HOTEL)			
3. NAME OF DECEASED (Type or Print) ELMER		a. (First) E.		b. (Middle) ANDERSON		c. (Last)	
4. DATE OF DEATH 11-1-50		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED DIVORCED 3	
8. DATE OF BIRTH 6-21-92		9. AGE (In years last birthday) 58		10. UNDER 1 YEAR Months Days		11. UNDER 1 MRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK				10b. KIND OF BUSINESS OR INDUSTRY **		11. BIRTHPLACE (State or foreign country) ILLINOIS /	
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME FRANK ANDERSON			
13b. MOTHER'S MAIDEN NAME SOPHIA PETERSON				14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI				16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS, MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF PANCREAS INTERVAL BETWEEN ONSET AND DEATH 10 months ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS PULMONARY TUBERCULOSIS Conditions contributing to the death but not related to the disease or condition causing death. FAR ADVANCED 10 months			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		157X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME (Month) (Day) (Year) (Hour) (Minute) (Second) OF INJURY	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 9-29, 1950, to 11-1, 1950, and that death occurred at 5:45 a.m., from the causes and on the date stated above.							
23a. SIGNATURE [Signature]		(Degree or title) M.D.		23b. ADDRESS VA HOSPITAL, JEFF. BRKS, MO.		23c. DATE SIGNED 11-1-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-3-50		24c. NAME OF CEMETERY OR CREMATORY NATIONAL		24d. LOCATION (City, town, or county) (State) JEFF. BRKS, MO.	
DATE REC'D BY LOCAL REG. 11-2-50		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE C. HOFFMEISTER U&L CO, St. Louis, Mo.			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed.....

*Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *7814 S. Broadway*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.